FORM DP-200 980

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION SINGLE MEMBER LIMITED LIABILITY COMPANY (SMLLC)

REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER

| FOR DRAUSE ONLY | | |
|-----------------|--|--|

| SMLLC ENTITY INFORMATION | | |
|---|---|--|
| SMLLC NAME | | FOR DRA USE ONLY |
| SMLLC NUMBER AND STREET ADDRESS | | DIN |
| | | |
| | | |
| SMLLC CITY/TOWN, STATE, ZIP CODE | | |
| | | |
| ALL SMLLC's MUST USE THE DEPAR TAX RELATED DOCUMENTS. Your department assigned number shall future documents, the Department dentification Numbers or Social Secu | all be used in place of the mem Identification Number shall be | nber's federal number. When filing |
| SMLLC MEMBER INFORMATION | | MEMBER FEDERAL EMPLOYER IDENTIFICATION NUMBER: |
| SMLLC MEMBER NAME | | |
| SMLLC NUMBER AND STREET ADDRESS | | FEIN |
| | | |
| | | SSN |
| SMLLC MEMBER CITY/TOWN, STATE, ZIP CODE | | |
| | | |
| Yes, for federal income tax purposes, the in | come of the SMLLC will be reported on the | the tax return of the member as listed above. |
| No, for federal income tax purposes, the inc above. The income will be reported on | ome of the SMLLC will NOT be reported the tax return for: | d on the tax return of the member as listed |
| NAME | | MEMBER FEDERAL EMPLOYER |
| NUMBER AND STREET ADDRESS | | IDENTIFICATION NUMBER |
| | | FEIN |
| | | |
| CITY/TOWN, STATE, ZIP CODE | | SSN |
| ENTITY TYPE: | | |
| | corporation/Combined Group 3 | Partnership 4 Fiduciary |
| Under penalties as provided by law, I declare that is true, correct and complete. | l have examined this application, and t | to the best of my knowledge and belief, |
| | or Partner) | DATE |
| SIGNATURE OF APPLICANT (Proprietor | 31 1 414101) | |
| SIGNATURE OF APPLICANT (Proprietor PR DRA USE ONLY | | |

NH DEPT OF REVENUE ADMINISTRATION
MAIL DOCUMENT PROCESSING DIVISION

O: PO BOX 637

TITLE

CONCORD NH 03302-0637



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION SINGLE MEMBER LIMITED LIABILITY COMPANY (SMLLC) REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER INSTRUCTIONS

| WHO MUST FILE | All <u>Single</u> Member Limited Liability Companies (SMLLC) |
|------------------|--|
| PURPOSE | To obtain an identifying number which is required to file NH tax related documents. SMLLC's are required by NH Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. A New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for a SMLLC. |
| WHEN TO FILE | This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. |
| WHERE TO FILE | NH Department of Revenue Administration Document Processing Division PO Box 637 Concord, NH 03302-0637 |
| NEED HELP | Call the Department of Revenue Administration, Document Processing Division at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964. |